

PART B - FEE(S) TRANSMITTAL

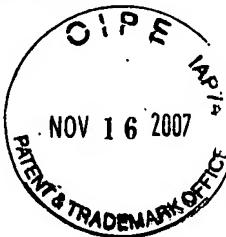
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28863 7590 10/25/2007

SHUMAKER & SIEFFERT, P. A.
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Karen Sorensen	(Depositor's name)
<i>Karen Sorensen</i>	(Signature)
11-16-07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,166	10/22/2003	Christopher D. Koch	1034-004US01	6530

TITLE OF INVENTION: METHODS, DEVICES AND COMPUTER-READABLE STORAGE MEDIA FOR PASSIVE OPTICAL NETWORK ADDRESS ASSOCIATION RECOVERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/25/2008
					11/16/2007 MGE BREM2 00000134 501778	10691166
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501 02. FP:1504	1440.00 DA 300.00 DA	
NGUYEN, QUANG N	2141	709-224000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Shumaker + Sieffert, P.A.
 1 _____
 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE, NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Calix Networks, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Petaluma, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
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- A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *501778* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature: *[Signature]*

Date *11-16-07*

Typed or printed name *Steven J. Shumaker*

Registration No. *36,275*

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FACSIMILE SUBMISSION UNDER 37 CFR 1.8

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Mail Stop Issue Fee	Steven J. Shumaker
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USPTO	NOVEMBER 16, 2007
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Issue Fee Payment	10/691,166
